

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone;812-948-4726

X6000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm				Telephone Number Date of It (mm/dd/y			PERMIT #
Kolkin		26		<u>.</u>	7/20	12010	19-166
			mber and street, city, state, zip code)	502 - 5260 - 8576	7/30/	2017	יו וששי
<u>`</u>	Charlest	~ ^	Rd. New Albany, IN 47150	207 - 2 - 12 10	<u>_</u>		
Owner			Al	Purpose:	Follow-up Release Date		
		: H2	Almon	1. Routine	No 10 days		
Owner's A		<u> </u>	to Charles in an	2. Follow-up	Summary of Violations:		
Person in C		ا بنر	ele Sillerburg, IN 47172	3. Complaint			
Gary 1	4 . ~			4. Pre-Operational	ional C. & NC Z R &		
Responsible		E-ma	1	5. Temporary	Menu Tv	pe (See back	of nage)
-				6. HACCP	14,01,0 x y	pe (bee back	oj pugoj
Certified F	ood Manag	er "		7. Other (list)	1 2	X 3	4 5
	Almon	(7/17/22)				_ -
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section# C/NC R Narrative					To Be Corrected By		
243	NC			/	10 De Corrected By		
 			Observed (2) cases of single-use items on back stock floor Today Observed dusty cailing extraord and surrounding tiles Today				1
310	NC		Observed dusty cailling exchange and surrounding tiles			1.da	1
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Received by (name and title printed): Inspected by (name and title printed):							
(7 APR). ALMON A.). Ingram (EHS)							<i>5)</i>
Receive by (signature): Inspected by (signature):							
	gely	1	> (Weind	ay			
cc: cc: cc:							